



State of California—Health and Human Services Agency  
**Department of Health Services**



**ARNOLD SCHWARZENEGGER**  
Governor

February 15, 2005

TO: PROSPECTIVE PROPOSERS

SUBJECT: REQUEST FOR PROPOSAL (RFP) 05-45204  
CALIFORNIA TOBACCO CONTROL ADVERTISING CAMPAIGN  
ADDENDUM NUMBER 1

On February 1, 2005 the California Department of Health Services (DHS), Tobacco Control Section released RFP 05-45204 entitled "California Tobacco Control Advertising Campaign." Upon further review, edits to this document have been made and are enclosed with this addendum. Changes are indicated by a vertical line in the left margin.

Please replace the following pages in the original RFP with the enclosed pages:

Pages 5-6  
Page 23  
Attachment 7

We apologize for any inconvenience that these changes may cause.

If you have any questions regarding this addendum, please contact Edana Fielden, Media Specialist, TCS, at (916) 449-5473.

Sincerely,

Robin Shimizu  
Assistant Chief  
Tobacco Control Section

Enclosure

Policy and Organizing (The Center), California Youth Advocacy Network (CYAN), Council for Responsible Public Investment (CRPI), and The California Smoke-free Bars, Workplaces, and Communities Program (BREATH).

- b. **Statewide Media Campaign:** The statewide TCMC consists of a Tobacco Control Advertising Campaign (TCAC) and a Tobacco Control Public Relations Campaign (TCPRC). Both include linguistically and culturally relevant ethnic-specific campaigns. The TCMC utilizes thought-provoking messages to effectively communicate the dangers of tobacco use, the impact of SHS, and the tobacco industry's marketing ploys. The TCPRC includes communications planning and implementation, media relations and advocacy, technical assistance to local programs, grassroots coalition building, promotional event development, news conference coordination, media alerts and press releases, and media monitoring. The advertising and public relations components must be synergetic, delivering clear, powerful messages, with the greatest reach and frequency possible.
- c. **Data Analysis and Evaluation:** DHS tracks and evaluates adult and youth tobacco knowledge, attitudes, and behavior through telephone and in-school surveys. These surveys also provide information about public opinion and knowledge related to tobacco use, which enables the other tobacco control components to more appropriately target their education and media outreach. Additionally, both in-house and independent evaluations of all tobacco control components are conducted to monitor progress toward reaching program goals and objectives, and to determine which strategies are most effective in reducing tobacco use. Evaluation data is incorporated into advertising strategies.

## B. Contract Period

- 1. The anticipated contract term is 60 months, July 1, 2005 through June 30, 2010.
- 2. The contract term may change if DHS makes an award earlier than expected or if DHS cannot execute the agreement by July 1, 2005, because of unforeseen delays.
- 3. 3. Proposals should be based on a performance period of a 60-month base period stated in paragraph B.1. above.
- 4. The resulting contract will be of no force or effect until it is signed by both parties. The Contractor is hereby advised not to commence performance until all approvals have been obtained. Should performance commence before all

approvals are obtained, said services may be considered to have been volunteered.

### **C. Funding**

1. Approximately \$15 million is estimated to be available annually to be awarded from this RFP. The estimated total contract expenditure authority is \$75 million.
2. Funding for each fiscal year is subject to approved multi-year spending authority and an annual appropriation by the State Legislature and approval of the Governor. If full funding does not become available, DHS will cancel the resulting agreement or amend it to reflect reduced funding and reduced activities.
3. If changes are required by legislation, court action, or other administrative action affecting the TCAC, the contract shall be amended or terminated accordingly in order to comply with these actions.
4. Funding for each year of the contract will be dependent upon successful contractor performance. After the completion of the first 12 months, and optionally, annually thereafter, DHS will conduct a performance review. These reviews will determine whether the contractor is performing to the satisfaction of DHS, meeting expectations and deadlines, and abiding by the terms of the contract, and should therefore be recommended for continuation of the contract.
5. If, after the first 12 months of the contract, the contractor does not pass the annual performance review, DHS may elect to terminate the initial contract with 30 days written notice and award a contract to the next highest scoring proposer without conducting another RFP process.

### **D. Scope of Work**

See Appendix A, entitled "Draft Excerpt Scope of Work." Appendix A contains a description of the services and work to be performed as a result of this procurement.

- Demonstrates understanding of DHS' priorities and can carryout a comprehensive advertising campaign
- Demonstrates financial capability to service the DHS account

#### **E. Stage 5: Oral Presentation**

The maximum score for Stage 5 is 100 points. Only agencies receiving a score of at least 70 points for Stage 5 will be eligible for final consideration.

The points from Stages 2 through 5 will be combined for a total possible score of 400 points. In order to be considered the agency must have at least 280 points. The agency with the highest combined score will be awarded the contract.

If two or more finalists are tied, the finalist with the highest Cost Proposal score (Stage 4) will be awarded the contract. If two or more of the highest Cost Proposal scores (Stage 4) are also tied, DHS, at its sole discretion, may request from the tied finalists a best and final offer.

DHS will review to what extent the agency:

- Demonstrates the approach to the campaign as innovative, persuasive, and breakthrough
- Demonstrates the media campaign objectives, strategies, and rationale are appropriate, thorough, and well conceived
- Demonstrates the media selection, weight level, and timing rationale are appropriate to the proposed strategy
- Demonstrates the capabilities of the agency to evaluate the success of the campaign

### Required Attachment/Certification Checklist

Qualification Requirements: I certify that my firm meets the following requirements:		DHS Use
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	My firm possesses at least three consecutive years of experience showing full-service full service capability, including, but not limited to: account service, creative staff, market research, advertising evaluation, media planners/buyers, production planning and execution, and expert advice on key trends and issues in advertising and social marketing. That experience occurred within the past five years.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	My firm has read and is willing to comply with the terms, conditions, and contract exhibits incorporated by reference as an Appendix to the RFP, appearing at <a href="http://www.dhs.ca.gov/tobacco/html/RequestforApplications.htm">http://www.dhs.ca.gov/tobacco/html/RequestforApplications.htm</a> .	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	My firm has a currently operating, California-based office to service the DHS account that has been in business in California since January 1, 2002, or longer.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	My firm has at least \$20 million in gross annual billings per year in calendar years 2002, 2003, and 2004 from the California-based office which would service the DHS account.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	(Corporation) My firm is in good standing and qualified to conduct business in California. [Check "N/A" if not a Corporation.]	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	My firm has a past record of sound business integrity and a history of fulfilling contractual obligations. My firm authorizes the State to confirm this claim.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	My firm is financially stable and solvent and has adequate cash reserves to meet all financial obligations while awaiting reimbursement from the State.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	My firm is borrowing any or all of the monies necessary to meet initial expenses between the start of the contract period and receipt of the first payment, and a Letter of Commitment from my firm's creditor will be provided in Stage 4.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	My firm has no conflict of interest and has submitted the required certification and documentation necessary to prove this claim in Stage 1.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	My firm has certified via Attachment 10 that its proposal response is not in violation of Public Contract Code Section 10365.5 and has, if applicable, identified previous consultant services contracts that were related in any manner to the services, goods, or supplies being acquired in this procurement.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Forms section with the following attachments/forms:</b>		<b>DHS Use</b>
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Attachment 5, Client References. My firm authorizes the State to contact these references.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Client List (Ref. Attachment 6). My firm authorizes the State to confirm information provided on this list.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Attachment 7, Required Attachment/Certification Checklist	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Attachment 8, RFP Clause Certification	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Attachment 9, CCC 304 Certification	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Attachment 10, Follow-on Consultant Contract Disclosure.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Firm:		
Printed or Typed Name/Title of Signer:		
Signature:	Date:	